

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO 470)						SERIAL NO. <u>10720844</u> FILING DATE _____ APPLICANT(S) _____					
						CLAIMS					
AS FILED		AFTER IN ABANDONMENT		AFTER IN ABANDONMENT							
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1						61					
2						62					
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TOTAL NO.						TOTAL NO.					
TOTAL OFF.						TOTAL OFF.					
TOTAL						TOTAL					